

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/	/					52				
3	/	/					53				
4	/	/					54				
5	/	/					55				
6	/	/					56				
7	/	/					57				
8	/	/					58				
9	/	/					59				
10	/	/					60				
11	/	/					61				
12	/	/					62				
13	/	/					63				
14	/	/					64				
15	/	/					65				
16	/	/					66				
17	/	/					67				
18	/	/					68				
19	/	/					69				
20	/	/					70				
21	/	/					71				
22	/	/					72				
23	/	/					73				
24	/	/					74				
25	/	/					75				
26	/	/					76				
27	/	/					77				
28	/	/					78				
29	/	/					79				
30	/	/					80				
31	/	/					81				
32	/	/					82				
33	/	/					83				
34	/	/					84				
35	/	/					85				
36	/	/					86				
37	/	/					87				
38	/	/					88				
39	/	/					89				
40	/	/					90				
41	/	/					91				
42	/	/					92				
43	/	/					93				
44	/	/					94				
45	/	/					95				
46	/	/					96				
47	/	/					97				
48	/	/					98				
49	/	/					99				
50	/	/					100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	37						TOTAL DEP.				
TOTAL CLAIMS	44						TOTAL CLAIMS				